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40518

OR

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Assignee Name and Address:

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SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature	<i>Thomas J. Fogarty M.D.</i>	Date	12/10/06
Name	Thomas J. Fogarty, M.D.	Telephone	650.854.1822
Title	Sole Proprietor		

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